

**CERTIFICATION - DEBT COLLECTION**

With respect to the debts attached or transmitted with this certification, I certify the following:

1. ***Valid Debts.*** The debts are delinquent, valid and legally enforceable in the amounts stated.
2. ***No Bar to Collection.*** The debts are not subject to any circumstances that legally preclude or bar collection, including collection by offset. There are no foreclosures pending with respect to any collateral securing a debt. The Agency's records do not show that any debtor owing a debt has filed for bankruptcy protection. Alternatively, the Agency can clearly establish that any automatic stay has been lifted or is no longer in effect.
3. ***Administrative Offset and Tax Refund Offset.***
  - A. The Agency has complied with all of the provisions of 31 U.S.C. § 3716, 31 U.S.C. § 3720A, 31 C.F.R. § 285.2 (62 FR 34175, June 25, 1997), and the Federal Claims Collection Standards, as may be amended, as well as other statutes, regulations and policies applicable to collection by administrative offset and tax refund offset.
  - B. At least 60 days prior to the date of this certification, the Agency has provided, or made a reasonable attempt to provide in accordance with applicable offset regulations, each debtor with:
    - written notification, at the debtor's most current known address, of the nature and the amount of the debt, the intention of the Agency to collect the debt through administrative offset and tax refund offset, and an explanation of the rights of the debtor;
    - an opportunity to inspect and copy the records of the Agency with respect to the debt;
    - an opportunity for review within the Agency of the determination of the Agency with respect to the debt, including the opportunity to present evidence that all or part of the debt is not past-due or legally enforceable; and
    - an opportunity to enter into a written repayment agreement with the Agency.
  - C. The Agency has considered any evidence presented by the debtor and determined that the amount of the debt is past-due and legally enforceable and there are no pending appeals of such determination.
  - D. The Agency has, at minimum, made the following reasonable efforts to obtain payment of the debt: demanded payment and provided the debtor with the notice and opportunities described in paragraph 3.B.
4. ***Due Process Compliance for Salary Offset.***
  - A. APHIS has complied with all of the provisions of 5 U.S.C. § 5514 and 5 C.F.R. §§ 550.1101-1110, as may be amended, as well as other statutes, regulations and policies applicable to collection by salary offset.
  - B. APHIS has provided, or made a reasonable attempt to provide, each debtor with the notice, opportunities, and considerations described in paragraphs 3.B. and 3.C. and the additional notices and opportunities, including the opportunity for waiver consideration, required for salary offset.

5. **Consumer Reporting Agencies.** The Agency has complied with all of the provisions of 31 U.S.C. § 3711(e) and 4 C.F.R. Part 102, as well as other statutes, regulations and policies applicable to the Agency's reporting of delinquent debts to consumer reporting agencies. The Agency has:

- determined that the debts are valid and overdue;
- notified the debtor, more than 60 days prior to the date of this certification: (a) that the debt is overdue, (b) that the Agency intends to disclose to a consumer reporting agency that the debtor is responsible for the debt, (c) of the specific information to be disclosed to the consumer reporting agency, and (d) of the debtor's rights to an explanation of the claim, to dispute the information in the Agency's records about the claim, and to administrative repeal or review of the claim; and
- upon the request of a debtor, provided for a review of any debtor's claim, including an opportunity for reconsideration of the initial decision on the claim.

In addition, no debtor has repaid or agreed to repay the claim under a signed repayment agreement or filed for review of the claim.

6. **Interest and Penalties.** The Agency has complied with all of the provisions of 31 U.S.C. § 3717 and Federal Claims Collection Standards, as well as other statutes, regulations and policies applicable to Agency's assessment of interest, penalties and administrative costs. The Agency has mailed or hand-delivered a written notice to all debtors explaining the Agency's requirements concerning the charges.

**CERTIFICATION:** Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that to the best of my knowledge and belief, and/or based upon Agency certification, that the foregoing is true and correct. I certify that I have been delegated authority to execute this certification on behalf of the head of my agency.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Certifying Official

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_



**Debtor Information: Individual Debtor**

*(Please complete one form for each debtor on debt)*

Associated Agency Debt Number \_\_\_\_\_

TIN \_\_\_\_\_

**Last Name** \_\_\_\_\_

**First Name**

Middle Initial \_\_\_\_\_

Generation:                      Jr.      Sr.      I      II      III      IV      V      *(Circle 1)*

Gender:                              Male      Female      Unknown                      *(Circle 1)*

AKA / FKA / DBA \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

Phone \_\_\_\_\_

**Primary Debtor?**                      Yes                      No      *(Assumes Yes)*

**Any guarantors/co-signers etc.?**      Yes                      No      *(Assumes No)*

*Please submit a separate Debtor Information Form for each additional responsible party*

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Debtor in Bankruptcy?      Yes                      No      *(Circle 1)*

Date of Bankruptcy \_\_\_\_\_

Bankruptcy Title:              7              11              12              13              Unidentified      *(Circle 1)*

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response:                      \_\_\_\_\_      No Response

\_\_\_\_\_ Debt disputed                      Date: \_\_\_\_\_

\_\_\_\_\_ Debt acknowledged                      Date: \_\_\_\_\_

**Debtor Information: Company/ State or Local Government Debtor**

*(Please complete one form for each debtor on debt)*

Associated Agency Debt Number \_\_\_\_\_

TIN \_\_\_\_\_

**Company Name**

Company Contact

AKA / DBA

\_\_\_\_\_

**Address Line 1** \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

Phone \_\_\_\_\_

- Debtor Type:**
- \_\_\_\_\_ Corporation
  - \_\_\_\_\_ Sole Proprietorship
  - \_\_\_\_\_ Partnership
  - \_\_\_\_\_ Joint Venture
  - \_\_\_\_\_ State or Local Government
  - \_\_\_\_\_ Other: \_\_\_\_\_

**Primary Debtor?** Yes No *(Assumes Yes)*

**Any guarantors/co-signers etc.?** Yes No *(Assumes No)*

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy?	Yes	No			
Date of Bankruptcy	_____				
Bankruptcy Title:	7	11	12	13	Unidentified

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response: \_\_\_\_\_ No Response

\_\_\_\_\_ Debt disputed Date: \_\_\_\_\_

\_\_\_\_\_ Debt acknowledged Date: \_\_\_\_\_

**Additional Debtor Information: Individual Debtor**

(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_  
Debtor Name \_\_\_\_\_  
TIN \_\_\_\_\_

Relationship to Primary Debtor:

Self Spouse Sibling Parent Other : \_\_\_\_\_  
Owner President Vice-President Shareholder Other: \_\_\_\_\_

Debtor's Association to Debt:

Individual Signer Joint Account Joint Contractual Liability  
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning \_\_\_\_\_%

Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor  
Please submit a separate Debtor Information Form for each guarantor

Employer \_\_\_\_\_  
City, State, Zip, Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per: Hour Week Month Year Other: \_\_\_\_\_

Gross Net (Circle one)

Federal Employee Status

Civilian Employee: Active Retired Not applicable/unknown  
Military Employee: Active Retired Not applicable/unknown

Bank Name \_\_\_\_\_  
City, State, Zip, Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Account # \_\_\_\_\_  
Account Type: Checking Savings Other: \_\_\_\_\_

Personal Property Information

Real Property Information

Last Payment Information Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Miscellaneous collection notes

**Additional Debtor Information: Company/ State or Local Government Debtor**

(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
TIN \_\_\_\_\_

Debtor's Association to Debt:  
Individual Signer Joint Account Joint Contractual Liability  
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning \_\_\_\_\_  
Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor  
Please submit a separate Debtor Information Form for each guarantor

Type of Business \_\_\_\_\_  
DUNS Number \_\_\_\_\_  
Date of Incorporation \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Bank Name \_\_\_\_\_  
City, State, Zip, Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Account # \_\_\_\_\_  
Account Type:          Checking    Savings    Other: \_\_\_\_\_

Personal Property Information  
Real Property Information  
Last Payment Information          Date: \_\_\_\_\_          Amount \$ \_\_\_\_\_

Miscellaneous collection notes

**Additional Debt Information**

Agency Debt Number \_\_\_\_\_

Basis of Claim: \_\_\_\_ Claim evidenced by note, guarantee, surety obligation  
\_\_\_\_ Claim evidenced by statute or regulation  
Statute: \_\_\_\_\_

Original Award Date \_\_\_\_\_  
Terms (of original loan) \_\_\_\_\_ In # months (or years for housing loans)

Summary of Collection Activities

Last Credit Reporting Date \_\_\_\_\_

PCA(1) Name \_\_\_\_\_  
PCA(1) Referral Date \_\_\_\_\_  
Amount collected \$ \_\_\_\_\_

PCA(2) Name \_\_\_\_\_  
PCA(2) Referral Date \_\_\_\_\_  
Amount collected \$ \_\_\_\_\_

Date sent to DOJ \_\_\_\_\_

Judgment Date \_\_\_\_\_  
Judgment Type: Default    Consent    Summary    Other: \_\_\_\_  
Judgment Amount                    \$ \_\_\_\_\_

Date Written-Off \_\_\_\_\_  
Amount Written-Off                    \$ \_\_\_\_\_

Other collection actions

***Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.***

# **DEBT INFORMATION FORM**

## **MANUAL DATA SUBMISSION INSTRUCTIONS**

*Note: All data submissions must be accompanied by a signed and dated agency certification form. Manual debt referrals are not recommended for large volumes. Items marked with an (\*) indicate mandatory information that must be completed for each form.*

**AGENCY\***: Enter name of agency or bureau referring the debt. The name should be the same as that entered on the Agency Profile Form (APF).

**AGENCY DEBT NUMBER\***: Enter referring agency number which can be a combination of alpha and numeric characters with a maximum field up to 40 characters.

**DEBT DESCRIPTION\***: Select either consumer ( a personal activity) or commercial (a business activity regardless of whether that activity has been undertaken by a individual or business).

**DEBT SECURITY\***: Select either secured or unsecured. Security is something given/pledged to guarantee the repayment of a loan or the fulfillment of an obligation.

**DEBT TYPE\***: Select loan if money was supplied on credit and skip to Program name entry. Select administrative if other debt type applies and identify below.

**ADMINISTRATIVE CLASSIFICATION\***: If administrative is applicable for debt type, select only one of the following types of debt: grant, overpayment, fine, penalty, fee, employee advance or miscellaneous debt.

**PROGRAM\***: Identify agency program name under which the debt arose. The name should be the same as that entered on the Agency Profile Form (APF). Each program should have an APF completed and submitted to FMS.

**DATE OF DELINQUENCY\***: Enter date debt became delinquent (as determined by each agency) in DD/MM/YY format.

**ORIGINAL VALUE OF DEBT\***: Enter dollar amount of debt which should be the original principal amount.

## **BALANCE AT TIME OF REFERRAL TO THE DMSC:**

Enter applicable dollar amounts of the debt up to two decimal points.

**PRINCIPAL\***: Enter dollar amount owed by the debtor to the government, excluding interest, penalties, administrative costs, fees and prepaid charges.

**FINANCING INTEREST\***: Enter applicable dollar amount of interest and late charges associated with the debt only if it is for a loan.

**ADDITIONAL INTEREST (LATE CHARGE)\*:** Enter applicable dollar amounts accrued and assessed on a delinquent debt for all other types of debt. An agency can not charge both financing and late interest. Either financing or additional interest should be entered, not both.

**ADMINISTRATIVE COST\*:** Enter dollar amount of costs incurred in processing and handling a delinquent debt. Costs should be accrued and assessed from the date of delinquency.

**PENALTY\*:** Enter applicable dollar amount of punitive charge assessed for delinquent debts assessed from the date of delinquency.

**TOTAL\*:** Enter applicable total dollar amounts that represent the sum of the principal, financing interest, additional interest, administrative cost and penalty associated with the debt.

**Note: The following items are needed but are not mandatory for data submission. However, if interest applies the items are mandatory.**

**TYPE OF INTEREST RATE:** Select either financing interest or additional late charge assessed as a cost of extending credit as distinguished from late payment interest charged on a delinquent debt.

**INTEREST RATE:** Enter percentage rate using two decimal points. Do not enter fractions (example 6.25% not 6 1/4 %).

**DATE OF LAST INTEREST CALCULATION:** Enter date, DD/MM/YY, interest was last calculated.

**HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION**

**AGENCY FOR 1ST REFERRAL:** Select yes if debt has been referred to a private collection agency by your agency. Select no if it has not been referred.

**HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION**

**AGENCY FOR 2ND REFERRAL:** Select yes if the debt has been referred to a second private collection agency by your agency or no if it has not been.

**IS DEBT IN JUDGMENT:** Select yes if the debt has been through judgment proceedings, select no if it has not.

(If yes to any of the above, please complete Additional Debt Information form)

**CONTACT FOR DEBT INQUIRIES:** Enter the name of the key point of contact within the referring organization who can respond to questions about the debt.

**CONTACT PHONE NUMBER:** Enter the phone and fax number of the key point of contact. Include E-mail address if available.

**ADDITIONAL INFORMATION:** If additional information is available, there are supplemental forms available for each of the Debt and Debtor information forms. An agency may also provide additional information or documentation to aid in the collection process, such as tax returns, financial statements and debt history.

# INDIVIDUAL DEBTOR INFORMATION FORM

## MANUAL DATA SUBMISSION INSTRUCTIONS

*Note: All data submissions must be accompanied by a Debt Information Form with an Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an (\*) indicate mandatory information.*

**ASSOCIATED AGENCY DEBT NUMBER:** Enter referring agency number which should be the same as on the Debt Information Form.

**TIN:** Enter Taxpayer Identification Number e.g., Social Security Number or Employee Identification Number. If provided case can be referred to the Treasury Offset Program.

**LAST NAME\*:** Enter last name of debtor.

**FIRST NAME\*:** Enter first name of debtor.

**MIDDLE INITIAL:** Enter middle initial of debtor.

**GENERATION:** Select one if applicable.

**GENDER:** Select one.

**AKA / FKA/ DBA:** Enter applicable alias names by which the debtor may be known; Also Known As, Formerly Known As, Doing Business As.

**ADDRESS LINE 1\*:** Enter last known address of debtor.

**ADDRESS LINE 2:** Continuation of last known address.

**CITY\*:** Enter last known city.

**STATE\*:** Enter last known state.

**PHONE:** Enter last known telephone number of debtor.

**PRIMARY DEBTOR\***: Select yes, if the debtor is the person or entity who is liable for a debt.

**ANY GUARANTORS/CO-SIGNERS ETC\***: Select yes, if the guarantor or co-signer is a person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each additional responsible party.

**DATE OF BIRTH:** Enter date in DD/MM/YY format.

**DATE OF DEATH:** Enter applicable date in DD/MM/YY format.

**DEBTOR IN BANKRUPTCY:** Select yes or no.

**DATE OF BANKRUPTCY:** Enter applicable date in DD/MM/YY format.

**BANKRUPTCY TITLE:** Select one.

**DATE OF LAST CONTACT WITH DEBTOR:** Enter date in DD/MM/YY format.

**DATE OF LAST DEMAND LETTER:** Enter applicable date, DD/MM/YY.

**DEBTOR RESPONSE:** Enter applicable response and date.

# **COMPANY/ STATE OR LOCAL GOV'T DEBTOR INFO. FORM**

## **MANUAL DATA SUBMISSION INSTRUCTIONS**

*Note: All data submissions must be accompanied by a Debt Information Form with a Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an (\*) indicate mandatory information.*

**ASSOCIATED AGENCY DEBT NUMBER:** Enter referring agency number which should be the same number on the Debt Information Form.

**TIN:** Enter taxpayer identification number.

**COMPANY NAME\*:** Enter name.

**COMPANY CONTACT:** Enter contact name for company referred.

**AKA / DBA/FKA:** Enter applicable alias names (AKA- Also Known As, DBA - Doing Business As, FKA- Formerly Known As).

**ADDRESS LINE 1\*:** Enter last known address.

**ADDRESS LINE 2:** Continuation of last known address.

**CITY\*:** Enter last known city.

**STATE\*:** Enter last known state.

**ZIP CODE\*:** Enter last known zip code (nine digit preferred, but optional).

**PHONE:** Enter last known telephone number of debtor or company.

**DEBTOR TYPE\*:** Select one.

**PRIMARY DEBTOR\*:** Select yes, if the debtor is the person or entity who is liable for a debt.

**ANY GUARANTORS / CO -SIGNERS ETC.\*:** Select yes, if the guarantor or co-signer is any person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a

separate Debtor Information Form for each responsible party .

**DEBTOR IN BANKRUPTCY:** Select one.

**DATE OF BANKRUPTCY:** Enter applicable date.

**BANKRUPTCY TITLE:** Select one if applicable.

**DATE OF LAST CONTACT WITH DEBTOR:** Enter date if known.

**DATE OF LAST DEMAND LETTER:** Enter applicable date.

**DEBTOR RESPONSE:** Enter applicable response and date.

